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Aboriginal Peoples Survey, 2006 An Overview of the Health of the Métis Population

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.	not available for any reference period
..	not available for a specific reference period
...	not applicable
0	true zero or a value rounded to zero
0^s	value rounded to 0 (zero) where there is a meaningful distinction between true zero and the value that was rounded
^{p}	preliminary
^{r}	revised
x	suppressed to meet the confidentiality requirements of the *Statistics Act*
^{E}	use with caution
F	too unreliable to be published

Table of contents

1. Introduction 7

2. Who are the Metis? 8

3. Health status 9

3.1 Self-rated health 9
3.2 Chronic conditions 10
3.2.1 Chronic health conditions of Métis adults 10
3.2.2 Gender and chronic conditions 12
3.2.3 Age and chronic conditions 13
3.2.4 Chronic health conditions of Métis children 13

4. Health care 14

4.1 Health care utilization by Métis children 14
4.2 Health care utilization by Métis adults 14
4.2.1 Satisfaction with physician care 14
4.2.2 Availability of doctors 15
4.2.3 Did not receive health care when needed 15
4.2.4 Reasons for not getting care 16
4.2.5 Availability of traditional medicines, healing or wellness practices 16

5. Ways to improve health 17

5.1 Activity level of Métis adults 18
5.2 Screen time: Sedentary behaviours of Métis adults 20
5.3 Activity level of Métis children 20
5.4 Screen time: sedentary behaviours of Métis children 21

6. Possibilities for future research 22

7. Acknowledgements 23

Appendix A: About the Aboriginal Peoples Survey 24

Appendix B: About the Canadian Community Health Survey 25

Appendix C: What you should know about this study 26

Appendix D: Defining chronic health conditions 27

Bibliography 28

Highlights

- According to the 2006 Census, 389,785 people in Canada identified as Métis, an increase of 33% since 2001. The Métis made up 33% of the Aboriginal identity population, which numbered 1,172,790.

- Nearly six in ten (58%) Métis adults rated their health as excellent or very good in 2006, the same as in 2001. The majority (84%) of Métis children 6 to 14 years of age were reported by their parents/guardians to be in excellent or very good health in 2006, similar to 2001.

- Young Métis aged 15 to 19 report better health than those in the total population of Canada. Self-rated health for Métis aged 20 to 34 is about the same as that of the total population in this age group, but the trend reverses for Métis aged 35 and over. Métis in all older age groups are less likely to report excellent or very good health as compared with the total population of Canada in older age groups.

- The most commonly reported chronic condition among Métis adults was arthritis and/or rheumatism (21%), higher than the 13% in the total population of Canada. High blood pressure was the second most common condition, reported by 16% of Métis and 12% of the total population.

- In most cases Métis have higher rates of chronic conditions than the total population of Canada. Almost double the percentage of Métis adults reported asthma (14%) and diabetes (7%) as compared with the total population (8% and 4% respectively).

- A higher proportion of Métis women (57%) than men (50%) reported having a chronic health condition. Métis women were more likely than men to report arthritis and/or rheumatism (24% versus 18%), asthma (17% versus 11%), and bronchitis (8% versus 5%).

- The most commonly reported chronic condition of young Métis aged 15 to 19 was asthma (20%), almost double the percentage found among the same age group in the total population of Canada (11%).

- About 32% of Métis reported that traditional medicines or wellness practices were available in their community. Those living in urban areas (35%) were more likely than those in rural areas (25%) to report the availability of such practices.

- In both 2001 and 2006, about seven in 10 Métis reported that there was something they could do to improve their health—most often identifying "increasing exercise."

1. Introduction

This report highlights initial findings from the 2006 Aboriginal Peoples Survey (APS) on Métis health and well-being. Individuals who self-identified as Métis were included in this analysis[1]. It includes information on health status, broadly defined in this paper by self-rated health and selected common chronic conditions. Social determinants such as demographic information (sex, age, urban or rural area of residence), health-related behaviours, and health care utilization, including traditional practices, are examined. Findings focus on Métis children 6 to 14 years of age and Métis adults aged 15 and over. For further information about this paper, data sources, and particular definitions, please refer to the appendices.

Viewing health in a holistic way continues to gain importance amongst scholars and health professionals (Bartlett, 2003, 2005; McCallum, McLeod, and Willson, 2004; Newbold, 1998; Richmond, 2007; Richmond, Ross and Egeland, 2007; Shields and Shooshtari, 2001).

In pursuing a holistic approach to health, it is important to examine the many influences or determinants of health. The World Health Organization defines the determinants of health as "the range of personal, social, economic and environmental factors which determine the health status of individuals or populations" (1998).

The Public Health Agency of Canada (2001a) developed 12 determinants of health categories. These are:

- income and social status,
- social support networks,
- education and literacy,
- employment or working conditions,
- social environments,
- physical environments,
- personal health practices and coping skills,
- healthy child development,
- biology and genetic endowment,
- health services,
- gender, and
- culture.

In the case of Métis health research, the Métis Centre of the National Aboriginal Health Organization (2008) demonstrated that for the Métis, taking a more holistic approach to health is important. In published summaries of traditional health knowledge shared by Métis Elders, an important theme which emerged was that "... Métis health and well-being is dependent on the land and water as well as a wide range of social, cultural, political and economic influences..." (p. 7).

Very little research has been done on the health and well-being of the Métis population (Young, 2003). In this report, we examine the health of the Métis population with a descriptive analysis of some key measures of health including self-rated health status, and common chronic health conditions. The determinants of health cover a broad range of topics, many of which can be examined with data from the 2006 APS. This report focuses on select health determinants such as: health behaviours (physical activity and screen time), ways of improving health, and health care utilization, including traditional medicine.

1. Métis refers to individuals who self-identified as Métis either as a single response or in combination with North American Indian and/or Inuit on the Aboriginal Peoples Survey questionnaire.

Aboriginal health research has tended to focus on factors that increase the risk of poor health. While this paper explores some risk factors for the Métis population, it also reflects resiliency and strength, some of the ways that Métis maintain good health and some improvements that have been made over time (from 2001 to 2006).

The approach to this analysis includes an exploration of differences based on sex, age, urban or rural geography and notable trends from 2001 to 2006. Some comparisons with the total population of Canada (aged 15 and over) are drawn using data from the 2005 Canadian Community Health Survey (CCHS) (see appendix B for more information about CCHS). Only differences which are significant at the 5% level are described in the body of this report.

2. Who are the Métis?

The Métis are one of three distinct Aboriginal peoples acknowledged by the 1982 Constitution Act, section 35(2), which recognizes "Aboriginal peoples of Canada" as Indians, Inuit and Métis.

In this report, "Métis" includes people who self-identified as Métis on the Aboriginal Peoples Survey in response to the question:

"Are you an Aboriginal person, that is, North American Indian, Métis or Inuit?"

This section uses 2006 Census data to provide some information regarding demographics of the Métis identity population (Statistics Canada, 2008a). According to the 2006 Census, 389,785 people in Canada identified as Métis. The Métis made up 33% of the Aboriginal identity population, which numbered 1,172,790. The Métis identity population increased by 33% between 2001 and 2006, compared with a 5% increase for the total population of Canada. While some of this increase is due to demographic factors such as fertility and mortality, these factors alone cannot explain all of the growth. Some of the increase is also due to changes in how people report their identity, that is, reporting non-Métis identity in one census and reporting Métis identity in another (Guimond, 2003; Siggner and Costa, 2005). This will be important to consider when interpreting any changes in health, social and economic status over time for the Métis population.

The Métis population is young. In 2006, the median age of Métis was 30 years, 9 years younger than that for the total population of Canada. (The median age is the point where exactly one-half of the population is older, and the other half is younger).

In 2006, nearly seven out of ten (69%) of Métis lived in urban centres[2], 29% lived in rural areas and about 1% lived on Indian reserves or settlements. Most Métis (87%) lived in the West and in Ontario, while about 7% lived in Quebec, 5% in Atlantic Canada, and the remaining 1% lived in one of the three Territories.

Winnipeg was home to the largest Métis population at 40,980. Other urban centres with large Métis populations were Edmonton (27,740), Vancouver (15,070), Calgary (14,770) and Saskatoon (9,610). The urban centre with the highest concentration of Métis people was Prince Albert, Saskatchewan, where about 1 out of 6 (17%) residents were Métis.

In 2006, Métis aged 25 to 54 were more likely (24%) than those in the total population of Canada to have less than a high school diploma (13%). Similar percentages of Métis and the total population of Canada aged 25 to 54 had completed a college program (22% and 21% respectively). Métis were more likely (16%) than people in the total population of Canada (12%) to have completed a trade certificate. While 9% of Métis had completed university, the figure for the total population of Canada was 24%.

2. Area with a population of at least 1,000 and no fewer than 400 persons per square kilometre. Includes both census metropolitan areas (CMA) and smaller non-CMA urban centres. CMAs consist of one or more adjacent municipalities situated around a major urban core. To form a census metropolitan area, the urban core must have a population of at least 100,000.

Métis men were more likely than Métis women to have not completed high school. About 27% of Métis men had not completed high school compared to 21% of Métis women. Furthermore, Métis women (53%) were more likely to have postsecondary education than Métis men (48%).

From 2001 to 2006, the employment rate[3] for Métis aged 25 to 54 increased from 70% to 75%. The employment rate for the total population of Canada was somewhat higher in both 2001 and 2006 increasing from around 80% to 81%. The employment rate for Métis men was higher than for Métis women (79% versus 70%).

According to the 2006 Census, the average income in 2005[4] for Métis aged 15 and over was $28,226, about 80% of the average for the total population of Canada ($35,498). The average income for Métis men was $33,810; the average income for Métis women was $22,792, a difference of about $11,000.

Statistics Canada uses several measures of low-income, including the Low Income (before tax) Cut-off (LICO)[5]. In 2006, 21% of all Métis across the 10 provinces were living below the LICO, compared with 15% of the total population of Canada living in the provinces.

3. Health status

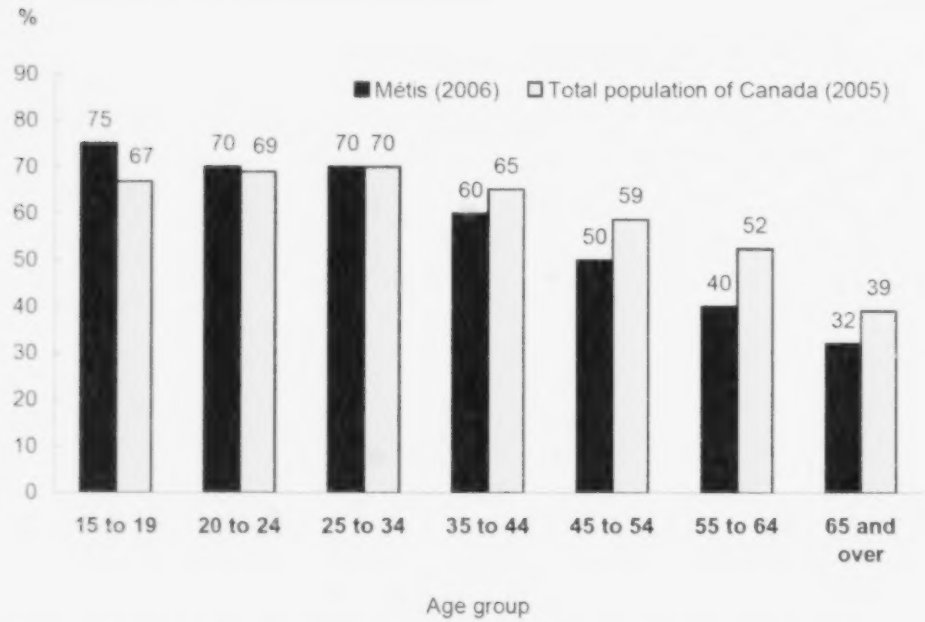
3.1 Self-rated health

The Aboriginal Peoples Survey (APS) asked respondents to rate their health on a 5-point scale ranging from poor to excellent[6]. In 2006, more than half of Métis adults (58%) stated that their health was excellent or very good, the same percentage as in 2001. Among the Métis in 2006, self-rated health was similar for men and women.

In general, the population of Canada tended to rate their health as excellent or very good more often than the Métis population (62% after age standarizing[7]). However, among people aged 15 to 19, Métis were more likely than the total population of Canada to rate their health as excellent or very good (75% versus 67%). Self-rated health for Métis aged 20 to 34 is about the same as that of the total population in this age group, but the trend reverses for Métis aged 35 years and over, with Métis in all older age groups being less likely to rate their health as excellent or very good than the total population of Canada in older age groups (see chart 1).

3. The employment rate refers to the proportion of persons employed in the week prior to Census Day.
4. Income here refers to total income from all sources including employment income, income from government sources, pension income, investment income and any other money income received during the calendar year 2005 by persons 15 years of age and over.
5. Low income before tax cut-offs (LICOs) - Income levels at which families or persons not in economic families are expected to spend 20 percentage points more than average of their before tax income on food, shelter and clothing. Economic families in the Yukon Territory, Northwest Territories and Nunavut and on Indian reserves were excluded as the low income cut-offs are based on certain expenditure income patterns which are not available from survey data for the entire population. An economic family refers to a group of two or more persons who live in the same dwelling and are related to each other by blood, marriage, common-law or adoption. A couple may be of opposite or same sex.
6. The specific question on the Aboriginal Peoples Survey is, "In general, would you say your health is... excellent, very good, good, fair or poor?." Other researchers have found that this one global health question has a high degree of construct validity and reliability (c.f., Shields and Shooshtari, 2001). That is, it works just as well as health questionnaires that have many questions but with the advantage of greatly reduced respondent burden.
7. Age standardizing is a technique used to make percentages for the Métis population, which is young, comparable to those for the total population of Canada, which is relatively older. It is important to consider the different age structures of these two populations when analyzing and interpreting Aboriginal Peoples Survey data. Figures have been standardized to the Métis age structure.

Chart 1
Excellent or very good self-rated health, Métis and total population of Canada aged 15 and over, by age group, 2005 and 2006.



Sources: Statistics Canada, Aboriginal Peoples Survey, 2006 and Canadian Community Health Survey, 2005.

The majority (84%) of Métis children aged 6 to14 were reported by their parents or guardians to be in excellent or very good health[8], about the same percentage as in 2001. Among Métis children, self-rated health was similar for girls and boys.

3.2 Chronic conditions

3.2.1 Chronic health conditions of Métis adults

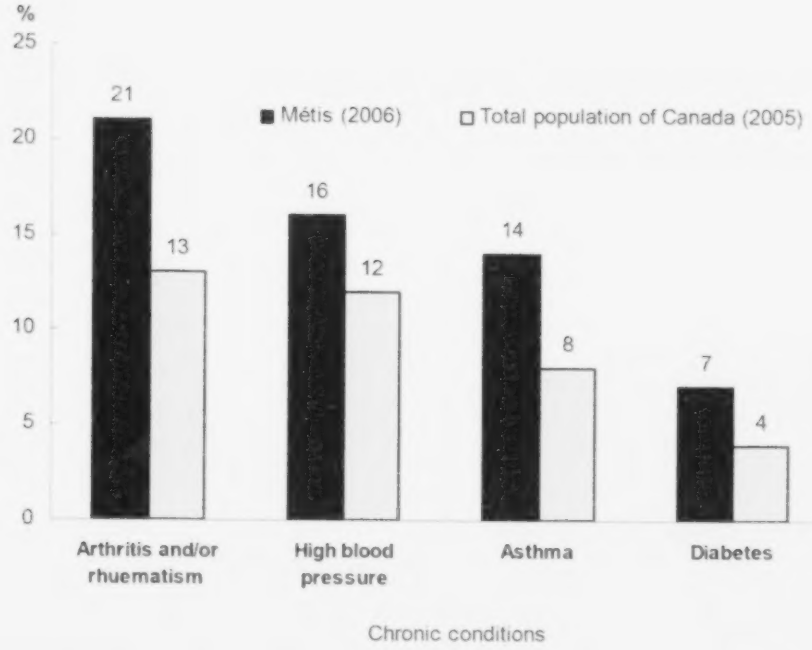
The relative health of a population may be related to the magnitude of specific chronic health conditions. A chronic health condition is defined in the Aboriginal Peoples Survey as a condition diagnosed by a health professional that has lasted (or is expected to last) for six months or more (see appendix D: defining chronic health conditions).

In 2006, just over half (54%) of all Métis aged 15 and over reported that they had been diagnosed with a chronic condition, about the same as in 2001. Of these, about 25% reported one condition, whereas 28% had two or more chronic conditions.

8. Comparable data are not available for the total population of Canada.

The most commonly reported chronic health conditions among Métis aged 15 and over in 2006 were arthritis and/or rheumatism (21%), high blood pressure (16%), asthma (14%), and stomach problems or intestinal ulcers[9] (12%), all similar to the percentages reported in 2001. These rates were higher than those reported in the total population of Canada after age standardizing[10] (see chart 2). For example, almost double the percentage of Métis reported asthma (14%) and diabetes (7%) as compared with the total population (8% and 4% respectively) (see chart 2).

Chart 2
Selected chronic health conditions, Métis and total population of Canada aged 15 and over (age standardized), 2005 and 2006.



Sources: Statistics Canada, Aboriginal Peoples Survey, 2006 and Canadian Community Health Survey, 2005.

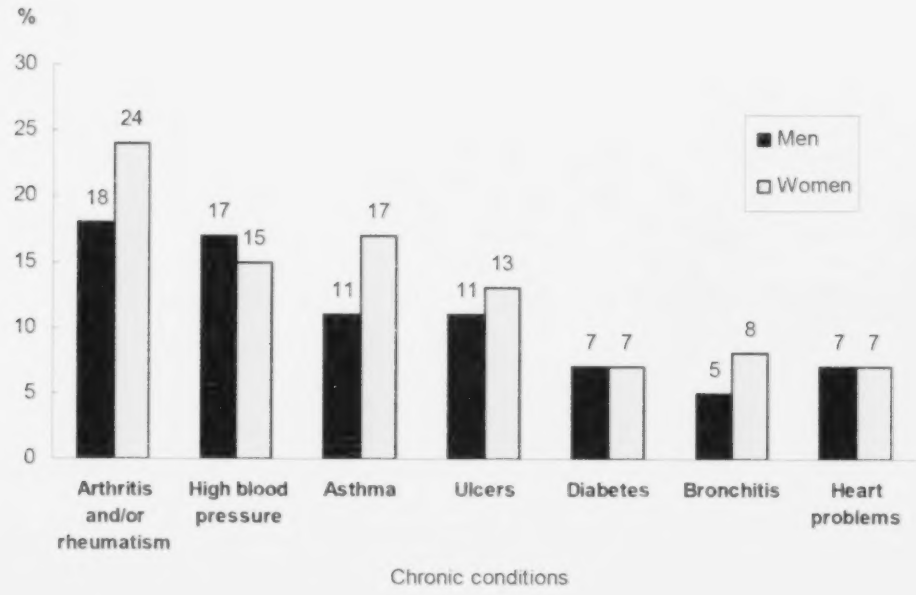
9. Total population of Canada comparisons could be made with arthritis/rheumatism, high blood pressure and asthma but were not available for "stomach problems or intestinal ulcers."
10. Age standardizing is a technique used to make percentages for the Métis population, which is young, comparable to those for the total population of Canada, which is relatively older. It is important to consider the different age structures of these two populations when analyzing and interpreting Aboriginal Peoples Survey data. Figures have been standardized to the Métis age structure.

3.2.2 Gender and chronic conditions

Métis women were more likely (57%) than men (50%) to indicate they had at least one chronic condition. They were also more likely to report two or more chronic conditions (31%) relative to men (24%).

The chronic conditions that were reported more often by Métis women than men were arthritis and/or rheumatism (24% versus 18%), asthma (17% versus 11%), and bronchitis (8% versus 5%) (chart 3). Métis women and men reported similar rates of high blood pressure, ulcers, diabetes and heart problems.

Chart 3
Selected chronic conditions, Métis population aged 15 and over by sex, 2006.



Source: Statistics Canada, Aboriginal Peoples Survey, 2006.

3.2.3 Age and chronic conditions

At most ages, a significantly higher proportion of Métis than the general population reported they had been diagnosed with a chronic condition (Table 1). In many cases the proportion of Métis with a chronic condition was double that reported by the total population of Canada.

The most commonly reported chronic condition of young Métis aged 15 to 19 was asthma (20%), almost double the percentage found in the same age group in the total population of Canada (11%) (see table 1).

Métis in the 35 to 44 year old age group most often reported arthritis and/or rheumatism (19%), over twice the percentage reported by the total population of Canada (9%).

Métis aged 45 to 54 were more likely to report arthritis and/or rheumatism (32%) and high blood pressure (24%) than the total population of Canada (17% had arthritis and/or rheumatism and 16% had high blood pressure).

The prevalence of arthritis and/or rheumatism and high blood pressure were similar among seniors (aged 65 and over) in both the Métis and the total population of Canada. That is, more than half (52%) of Métis aged 65 and over said they had been diagnosed with arthritis or rheumatism, while about half (48%) reported high blood pressure. This compares with 46% of seniors in the total population reporting arthritis or rheumatism, and 44% reporting high blood pressure.

Table 1
Most commonly reported chronic conditions diagnosed by a health professional, Métis and total population of Canada, by age group, 2005 and 2006.

Selected age groups	Arthritis or rheumatism		High blood pressure		Asthma	
	Métis	Total population of Canada	Métis	Total population of Canada	Métis	Total population of Canada
	percent					
15 to 19	3 [E]	1	1 [E]	1	20	11
35 to 44	19	9	12	7	13	7
45 to 54	32	17	24	16	12	7
65 and over	52	46	48	44	12	7

Sources: Statistics Canada, Aboriginal Peoples Survey, 2006 and Canadian Community Health Survey, 2005.

3.2.4 Chronic health conditions of Métis children

Parents or guardians reported that the most common chronic health conditions among Métis children aged 6 to 14 were allergies (19%), asthma (15%), and ear infections or ear problems (9%)[11].

Older Métis children (aged 11 to 14) were more likely to have allergies, while younger children (6 to 10) were more likely to have chronic ear infections. In 2006, parents reported that 21% of older children had allergies, compared with 18% of young children; while 11% of young children had chronic ear infections, compared with 7% of older children.

A smaller share of Métis girls (12%) had asthma relative to boys (18%). Asthma was, however, more prevalent among Métis children living in urban (16%) than rural (12%) areas.

11. Comparable data were not available for the total population of Canada.

4. Health care

There is little research available to describe access to health care among Métis (see for example, Kliewer et al., 2002 and Krieg et al., 2008). Aboriginal people's satisfaction with health care delivery has a number of important implications in terms of how the health care system is used. Dissatisfaction with health care delivery may cause people to delay or avoid seeking care when they need it (c.f., Kurtz et. al., 2008) or potentially "underuse preventive health care services and be at greater risk for complications of delayed diagnoses" (Sanmartin and Ross, 2006, p. 105).

This section of the report explores such topics as satisfaction with health care[12] and access to medical doctors. Traditional approaches to health and wellness are also considered.

4.1 Health care utilization by Métis children

Over half (54%) of Métis children aged 6 to 14 were reported to have seen a family doctor[13] over the 12 months prior to the survey, while 32% saw a medical specialist, 18% saw a nurse, and 82% received dental care. All figures were similar for Métis boys and girls. The findings were also consistent with 2001 except that Métis children were slightly more likely to have seen a medical specialist in 2006 (32%) than in 2001 (27%)[14].

In 2006, younger children aged 6 to 10 were more likely to have seen a doctor than older children aged 11 to 14 (58% versus 49%).

Métis children living in urban areas were generally more likely to have received medical care than children in rural areas. That is, 57% of urban Métis children saw a family doctor, compared with 46% of their rural counterparts. A slightly larger percentage (20%) of rural children saw a nurse compared with urban children (17%). Urban and rural Métis children were equally likely to have received dental care.

4.2 Health care utilization by Métis adults

4.2.1 Satisfaction with physician care

In 2006, over half (57%) of Métis adults said they were very satisfied with the way their care was provided the last time they saw a health care professional[15]. This is slightly lower than the figure for the total population of Canada (61%). About 30% of Métis said they were "somewhat satisfied" and approximately 8% indicated they were either neutral or dissatisfied with the care provided to them. Similar results were found in the total population of Canada (30% of the population of Canada were somewhat satisfied and 8% were dissatisfied or neutral)[16].

12. It is important to note that although the Aboriginal Peoples Survey asks about satisfaction with health care, the reason why an individual is dissatisfied is not known.
13. Family doctor also includes pediatricians and general practitioners. Also note that the question in 2006 differed from 2001. In 2006, the question was, "In the past 12 months, have you seen or talked on the phone with a paediatrician, general practitioner or family physician about ___'s physical, emotional, or mental health?" Whereas in 2001, respondents were asked about pediatricians separately from general practitioners and family doctors.
14. Comparable data for children in the total population of Canada are not available.
15. The question was not asked in 2001.
16. The missing data (don't know or refusal or not stated) rate for this question was 5% for Métis, whereas for the total population of Canada it was 1%.

4.2.2 Availability of doctors

While the majority of Métis adults (81%) reported they had a family doctor[17] in 2006, they were slightly less likely to have a family doctor compared to the total population of Canada (86%). There were no differences in percentages reported by people living in urban and rural areas.

Métis who reported fair or poor health were slightly more likely to report having a family doctor than those who were in excellent or very good health (85% versus 80%). This finding is not surprising because individuals with poorer health are expected to require health services more often than those in better health (Sanmartin and Ross, 2006).

In 2006, the Métis population had mixed opinions about the availability of doctors[18]. Overall, just under one-fifth (19%) of Métis reported that the availability of doctors in their community was excellent. Approximately one-third (33%) said it was good, 22% said it was fair, and 21% said it was poor[19,20].

The opinions that the Métis population had of the availability of doctor care varied depending on the type of community. Métis living in urban settings were slightly more inclined than rural Métis to say that availability of doctor care was excellent (20% versus 16%).

A greater share of Métis women (23%) than men (19%) rated the availability of a family doctor in their community as poor.

4.2.3 Did not receive health care when needed

About one in ten Métis (11%) said that in the last year there was a time when they needed health care but did not receive it, about the same proportion for the total population of Canada (12%).

Métis who reported they were in poor or fair health were over three times more likely than those in excellent or very good health to indicate they had experienced unmet health care needs. That is, 25% of those with poor or fair health reported they experienced a time when they needed care but did not receive it, compared to 7% of those with excellent or very good self-rated health.

Between 2001 and 2006, a small but increasing gap has developed between Métis men and women in terms of unmet health care needs. In 2001, the proportion of Métis women (12%) and men (11%) with unmet health care needs was about the same. However, in 2006, the figure declined to 9% for Métis men but was unchanged for women. A similar gap was observed in the total population of Canada in 2005 (men, 10%; women, 13%).

This gap may be partly accounted for by the differing experiences women have with heath care utilization compared to men. For example, other research has found that men in the total population of Canada had significantly lower wait times than women when accessing diagnostic tests (Kazanjian et al., 2004).

17. Family doctor includes regular medical doctor and general practitioner.
18. The question was not asked in 2001.
19. The missing data (don't know or refusal or not stated) rate for this question was 6%.
20. Data were not comparable with the total population of Canada because the Canadian Community Health Survey (CCHS) question differed from the Aboriginal Peoples Survey.

4.2.4 Reasons for not getting care

Several reasons were provided by Métis adults to explain why they did not receive care when it was needed. The most commonly reported reasons for not receiving care included "long wait times" (23%) and "care not available at the time required" (12%). A smaller share of Métis reported that they didn't receive care because "care was not available in their area" (7%) or they "decided not to seek care" (7%). Reasons were similar for both men and women and there were no differences between Métis in urban and rural areas.

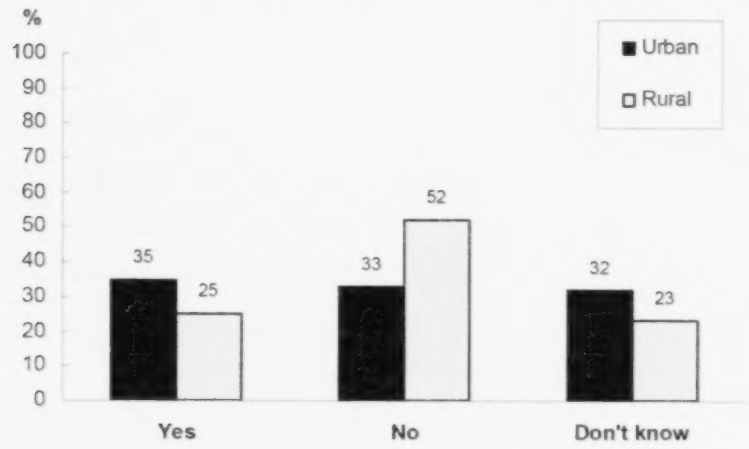
Explanations for not receiving care by Métis adults were consistent with the total population of Canada with the exception that a smaller percentage of Métis adults (23%) reported "long wait times" as the most common reason for not receiving care, as compared with 36% of the total population of Canada[21].

4.2.5 Availability of traditional medicines, healing or wellness practices

Overall, 32% of Métis adults reported that there were traditional medicines, healing or wellness practices available in the city, town or community where they were currently living. In 2006, 38% reported these services were not available and 29% reported that they did not know whether such services were available in their community. This represents a change from 2001, when 36% of Métis reported that they did not know if such services were available in their community.

Métis living in urban areas (35%) were more likely than those in rural areas (25%) to say that traditional medicines, healing or wellness practices were available where they lived (see chart 4).

Chart 4
Availability of traditional medicines, healing, or wellness practices in community, Métis population aged 15 and over, by urban/rural geography, 2006



Source: Statistics Canada, Aboriginal Peoples Survey, 2006.

21. This difference may be partly explained by the disparity in the percentages of missing data (don't know, refusal or not stated) for the Métis population (11%) as compared with the total population of Canada (1%).

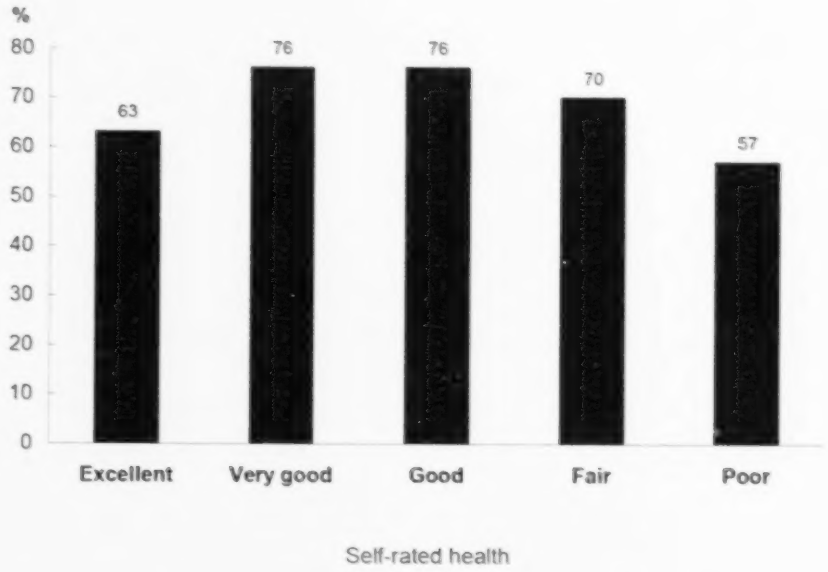
5. Ways to improve health

The Aboriginal Peoples Survey (APS) asked Métis respondents if they thought there was anything they could do to improve their physical health. In both 2001 and 2006, about seven in 10 Métis reported that there was something they could do to improve their health.

In 2006, Métis women (74%) were slightly more likely than Métis men (68%) to say that they believed there was something they could do to improve their physical health. Senior Métis (aged 65 and over) were the least likely to report that there was something they could do to improve their health (48%).

Métis who rated their health at either extreme, as "excellent" or "poor", were the least likely to think they could do something to improve their health (63% and 57% respectively) (see chart 5).

Chart 5
Métis population 15 and over who reported that there was something they could do to improve their health, by self-rated health, 2006.

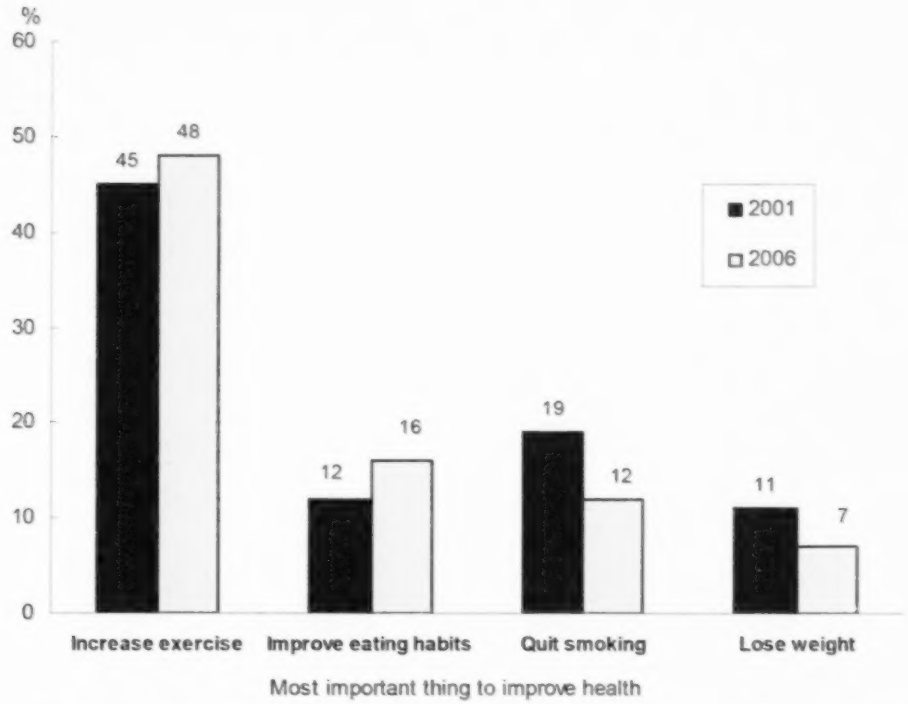


Source: Statistics Canada, Aboriginal Peoples Survey, 2006.

In both 2001 and 2006, almost half (45% and 48%) of Métis reported that "increasing exercise" was the most important thing they could do to improve their health[22]. Additionally, in 2006, 16% said they should improve their eating habits and 12% said they should quit smoking and these figures were consistent for both men and women. However, in 2006, Métis were less likely to report either quitting smoking or losing weight as the most important things to improve their health compared with 2001 (see chart 6). This decline could be related to the fact that many had already reduced their smoking. In 2006, 31% of Métis adults smoked on a daily basis, down from 37% in 2001. Additionally, 61% of Métis adults did not smoke at all in 2006, up from 54% in 2001.

22. In 2001 and 2006, respondents who said there was something they could do to improve their health were asked "What is the most important thing you could do to improve your physical health?" Only one response was permitted.

Chart 6
Most important factor to improve health, Métis population aged 15 and over, 2001 and 2006



Note: Percentages in this chart do not sum to 100% because of some of the possible response categories have not been included.
Source: Statistics Canada, Aboriginal Peoples Survey, 2006.

5.1 Activity level of Métis adults

Physical activity is widely understood to be positively related to physical health benefits such as decreased obesity and lower rates of diabetes (Coble & Rhodes, 2006), as well as providing mental health benefits such as improvements in stress, symptoms of depression, anxiety, self-esteem, and mood (see Findlay and Kohen, 2007; Gurung, 2006; and MacDonald and Hodgson, 1991 for reviews of this literature). To find out the extent to which Métis are engaged in physical activity, the 2006 APS asked respondents "in a typical week, how much time do you spend doing physical activities outside of work that result in an increase in your heart rate and breathing?"[23].

Approximately 36% of Métis reported doing between one and two hours of physical activity a week, 20% did 3 to 4 hours, and an additional 27% reported doing five or more hours a week. About 13% of Métis said they did no physical activity outside of work. Physical activity levels were similar for Métis men and women except at the highest levels of activity (5 or more hours). Approximately 31% of Métis men reported doing five or more hours a week of physical activity compared with 24% of women.

Additionally, Métis adults whose self-rated health was fair or poor were the most likely to report doing no physical activity in a typical week (28%). Conversely, Métis reporting excellent or very good health were more likely to report spending 5 or more hours in physical activity in a typical week (32%) (see chart 7).

23. Comparable data for Aboriginal Peoples Survey 2001 and for the total population of Canada are not available.

Chart 7
Hours per week of physical activity, by self-rated health, Métis population aged 15 and over, 2006

Note:
Percentages in this chart do not sum to 100% because of rounding and because 5% of the data include the answers don't know, refusal, and not stated.
Sources: Statistics Canada, Aboriginal Peoples Survey 2006.

The Aboriginal Peoples Survey also asked respondents how many hours in a typical week they spent walking to work, to school or while doing errands. Similar to the total population of Canada, 14% of Métis adults reported that they walked for 11 hours or more, 13% walked between 6 to 10 hours, and 47% walked for less than five hours per week. However, Métis adults were less likely than the total population of Canada to never walk to work, school, or while doing errands (22% versus 29%).

Métis men were more likely than women (26% versus 18%) to never walk to work or to school or while doing errands. In a typical week half of Métis women (50%) walked for five hours or less, compared to 44% of men. These trends remained the same regardless of self-rated health status.

Métis were also asked about their physical activity in a typical week during usual daily activities or work habits. Compared to the total population of Canada, Métis did slightly less sitting (22% versus 25%) and slightly more heavy work or carrying very heavy loads (11% versus 8%). Métis men were more likely than men in the total population of Canada to do heavy work (19% versus 12%). This corresponds to occupation figures[24] from the 2006 Census where higher proportions of Métis men were classified in trades, transport and equipment operators and related occupations (38% versus 27%).

24. Occupation figures here are based on the experienced labour force population: includes persons who were employed and persons who were unemployed who worked for pay or in self-employment since January 1, 2005.

Chart 7
Hours per week of physical activity, by self-rated health, Métis population aged 15 and over, 2006

5.2 Screen time: Sedentary behaviours of Métis adults

Watching television and using computers are generally considered sedentary behaviours that have been associated with obesity among Canadian adults (Shields and Tremblay, 2008). In 2006, only 3% of Métis adults never watched television and the majority (64%) of Métis adults watched television 6 or more hours a week. There were no significant differences between men and women. These figures are similar to 2001[25].

Between 2001 and 2006, the share of Métis using computers in their leisure time increased. In a typical week in 2006, 74% of Métis adults spent free time on a computer compared to 67% in 2001. There were no significant differences between men and women.

In 2006, about one in five Métis played video games[26] in their leisure time, about the same as in 2001 Overall, Métis men were more likely to play video games than Métis women (31% versus 13%).

5.3 Activity level of Métis children

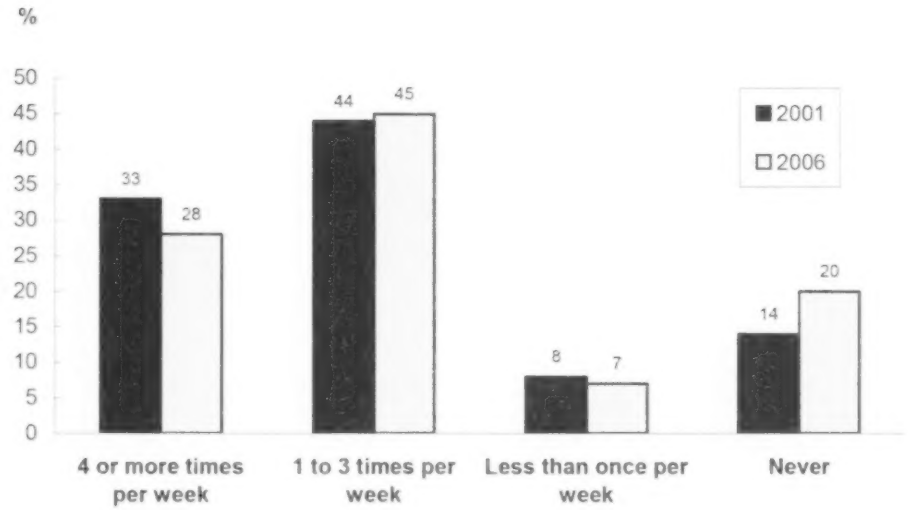
As with adults, physical activity among children is important in helping to prevent obesity and other health issues in adulthood such as diabetes and cardiovascular conditions (Rabkin et al., 1997). Although many factors are related to Aboriginal children's participation in sports including: sex, age, family demographics (e.g., income, family structure and education), and Aboriginal identity (Findlay and Kohen, 2007), this report primarily focuses on sex and age differences.

In 2006, almost half (48%) of Métis children (aged 6 to 14) were reported to have played sports and/or took lessons (outside of school), 1 to 3 times a week; while 22% never did so[27].

Métis girls were slightly more likely than boys to report that they never played sports and/or took lessons outside of school (24% versus 20%). Métis boys (28%) were more likely than girls (17%) to be very active in sports (i.e., play sports 4 or more times a week). However, in 2006, 20% of Métis boys were reported to have never participated in sports, up from 14% in 2001 (Chart 8). There was no change between 2001 and 2006 for girls.

25. Comparable data for the total population of Canada are not available.
26. The question asked, "In a typical week in the past 3 months, how much time did you usually spend playing video games, such as XBOX, Nintendo, and Playstation?"
27. Comparable data for children in the total population of Canada are not available.

Chart 8
Participation in sports, Métis boys aged 6 to 14, 2001 and 2006.



Source: Statistics Canada, Aboriginal Peoples Survey 2001 and 2006.

5.4 Screen time: sedentary behaviours of Métis children

Parents and guardians were asked to consider the average hours per day their children aged 6 to 14 spent in front of a screen. One question asked about time spent watching television, videos, or DVDs. A second question asked about time spent on computers, and a third was about video games[28].

The majority of Métis children in 2006 (69%) were reported to have watched between 1 and 2 hours of television a day. This figure was similar in 2001[29]. About 65% spent 1 to 2 hours on a computer per day, and about 49% spent between 1 to 2 hours playing video games (see table 2).

For the most part, there were no differences in "screen time activities" between boys and girls with the exception of video games. Two thirds (66%) of girls aged 6 to 14 never played video games, compared to 24% of boys.

There were no differences between young Métis children aged 6 to 10 and older Métis children aged 11 to 14 with respect to playing video games. However, older children were more likely to spend 3 or more hours per day watching television than younger children (30% versus 24%). Older Métis children were also more likely to spend time on a computer. In 2006, 2% of children aged 6 to 10 spent 3 or more hours on the computer, compared with 12% of children aged 11 to 14 (see table 2).

28. The question specifically asked, "On average, about how many hours per day, if any, does he or she ...play video games such as Play Stations, Xboxes, Nintendo and Gameboy, excluding computer games?"
29. Comparable data for children in the total population of Canada are not available.

Table 2
Percentage of "screen time", Métis children aged 6 to 14, by age, 2006

Age group and number of hours	Television, videos and DVDs	Computer	Video games
	percent		
6 to 10 years			
None	3	35	45
1 to 2 hours	72	61	49
3 to 4 hours	21	2	3
5 or more hours	3	F	1 [E]
11 to 14 years			
None	3	17	44
1 to 2 hours	65	70	49
3 to 4 hours	26	9	5
5 or more hours	4	3	1 [E]
Total			
None	3	26	45
1 to 2 hours	69	65	49
3 to 4 hours	23	5	4
5 or more hours	4	1	1 [E]

Note:
Percentages in this chart do not sum to 100% because of rounding and because 1% to 3% of the data include the answers don't know, refusal, and not stated.
Source: Statistics Canada, Aboriginal Peoples Survey, 2006.

6. Possibilities for future research

The Aboriginal Peoples Survey is one of few data sources which can provide some context about the health and socio-economic conditions of the Métis population in Canada. The Aboriginal Peoples Survey is a cross-sectional survey collecting self-reported measures, which provides a wide range of information on Métis and their well-being.

This brief descriptive analysis begins to explore this rich data source and highlights some trends which could be further explored. Through this general overview of the health and well-being of the Métis population, it is hoped that Métis organizations and researchers will continue with further analysis of the data.

While the supporting tables accompanying this analytical document provide provincial or territorial statistics on key variables, more analysis is required to better understand the context and factors that influence the health of Métis in different regions across the country.

Future analysis of Aboriginal Peoples Survey (APS) data, including the Métis Supplement, will add to the understanding of socio-economic and health conditions of the Métis population. Many important aspects such as housing, social supports, personal coping skills, self-esteem, and engagement and connection to community through cultural and social activities can be examined through the APS.

7. Acknowledgements

Statistics Canada would like to express appreciation for those who took time to answer the 2001 and 2006 Aboriginal Peoples Surveys (APS) and to acknowledge the collaborative partnership of the Implementation Committee for the APS. Thanks also to the Métis National Council for their collaboration in the development of the Métis Supplement of the APS and to the Métis Centre of the National Aboriginal Health Organization for their assistance with the development of initial plans for this analysis paper. The authors of this paper would like to express appreciation to internal and external reviewers for providing comments and feedback on earlier versions of this report. Assistance provided by numerous people in the Social and Aboriginal Statistics Division at Statistics Canada is also appreciated.

Appendix A: About the Aboriginal Peoples Survey

The 2006 Aboriginal Peoples Survey (APS) provides an extensive set of data about Métis, Inuit, and off-reserve First Nations adults 15 years and over and children 6 to 14, living in urban, rural, and northern locations across Canada. The Aboriginal Peoples Survey was designed to provide a picture of the lifestyles and living conditions of Métis, Inuit, and First Nations peoples in Canada.

The survey was developed by Statistics Canada in partnership with the following national Aboriginal organizations: Congress of Aboriginal Peoples; Inuit Tapiriit Kanatami; Métis National Council; National Association of Friendship Centres; and the Native Women's Association of Canada. The following federal departments sponsored the 2006 APS: Indian and Northern Affairs Canada, Health Canada, Human Resources and Social Development Canada, Canadian Mortgage and Housing Corporation and Canadian Heritage.

The Aboriginal Peoples Survey is a post-censal survey, that is, a sample of about 60,000 people was selected from adults 15 years and over and children aged 6 to 14 living in private households whose response on their 2006 Census questionnaire indicated that they:

had Aboriginal ancestry and/or
identified as North American Indian, Métis and/or Inuit, and/or
had treaty or registered Indian status and/or
had membership in an Indian band/First Nation.

Aboriginal people living in Indian settlements and reserves in the 10 provinces were not included in the 2006 Aboriginal Peoples Survey data collection. In the three territories, all First Nations people, Métis and Inuit were included in the Aboriginal Peoples Survey target population. Discussions are underway with stakeholders to determine how best to collect data with First Nations communities. Further discussions need to take place with federal partners and First Nations leadership.

The Aboriginal Peoples Survey was conducted between October 2006 and March 2007. Personal interviews were conducted in Inuit communities, the Northwest Territories (except for Yellowknife) and in other remote areas, while telephone interviews were conducted elsewhere. The overall response rate for the Aboriginal Peoples Survey was 80.1%.

More detailed information about the survey is available in the Aboriginal Peoples Survey *Concepts and Methods Guide* (catalogue number 89-637).

Appendix B: About the Canadian Community Health Survey

For this paper, the 2005 Canadian Community Health Survey (CCHS) was used to provide health data for the total population of Canada in order to make comparisons with the Métis population.

The Canadian Community Health Survey is a cross-sectional survey that collects information related to health status, health care utilization and health determinants for the population of Canada aged 12 or over in the provinces and territories. Since 2007, data have been collected annually. Prior to 2007, data collection occurred every two years. Data are available for 2001, 2003, 2005 and 2007. This report is based on data collected between January and December 2005 on the total population of Canada aged 15 years and over.

For more information on the Canadian Community Health Survey go to:

http://www.statcan.gc.ca/cgi-bin/imdb/p2SV.pl?Function=getSurvey&SDDS=3226&lang=en&db=imdb&adm=8&dis=2

Appendix C: What you should know about this study

The main data source used in this report is the Aboriginal Peoples Survey, 2006 (see appendix A: "About the Aboriginal Peoples Survey"). Data for this report were drawn from the adult questionnaire (for those aged 15 and over), the children and youth questionnaire (for those aged 6 to 14) and the Métis Supplement. This supplement was administered to Métis adults aged 15 and over. It contains questions on family background, child welfare, social interaction, physical and mental health, spiritual and emotional health.

The Métis identity concept was used in this article. It was possible for people to report both single and multiple responses to the Aboriginal identity question on the Aboriginal Peoples Survey. Included in this report, are Métis who identified as Métis only and those who identified as Métis in combination with Inuit and/or North American Indian.

Data from the 2001 Aboriginal Peoples Survey were also used in this report. This survey was conducted between September 2001 and January 2002, from a sample of about 117,000 people.

In some instances Census data were used. In these cases, the single response Métis identity population was used. A very small percentage of Métis (1.8%) identified as belonging to more than one Aboriginal group on the 2006 Census. When population counts of Métis are presented, Census data were used (rather than Aboriginal Peoples Survey counts) for consistency with previously released data (Statistics Canada, 2008a). Please refer to the Aboriginal Peoples Survey *Concepts and Methods Guide* for a detailed explanation of the relationship between the Aboriginal Peoples Survey and the Census (catalogue number 89-637).

Data for Métis children aged 6 to 14 were based on information provided by parents or guardians of 5,367 Métis children. Information in this report for those aged 15 and over is based on responses from 8,901 Métis.

Throughout this report, percentages may not add to 100 because missing data (i.e., don't know, refusal, not stated) were included in the calculation of all estimates. In most cases, the proportions of missing data were very small, and therefore were generally not reported. Larger percentages of missing data are shown in the text or tables.

Differences described in the body of this report are significant at the 5% level. Not all estimates shown in the charts and tables are significantly different.

Appendix D: Defining chronic health conditions

1. How the 2006 Aboriginal Peoples Survey defined chronic health conditions: Respondents aged 15 and over were asked: "Have you been told by a doctor, nurse, or other health professional that you have..." any of a number of conditions. These include: arthritis or rheumatism, asthma, chronic bronchitis, emphysema, diabetes, cancer, effects of stroke, high blood pressure, heart problems, stomach problems or intestinal ulcers, hepatitis, kidney disease, tuberculosis, HIV, AIDS, and any other long term condition. Long term health conditions are conditions that have lasted or are expected to last six months or more.

2. How the 2006 Aboriginal Peoples Survey Children and Youth Survey defined chronic health conditions: Parents or guardians of Métis children and youth aged 6 to 14 were asked "We are interested in long-term conditions that have lasted or are expected to last 6 months or more and have been diagnosed by a doctor, nurse or health professional. Which, if any, of the following long-term conditions or health problems does __ have that have been diagnosed by a doctor, nurse, or health professional?"

They were asked about allergies, bronchitis, tuberculosis, heart condition or problem, diabetes, cerebral palsy, psychological or nervous difficulties, ear infections or ear problems, hearing impairment, visual impairment, mental disability, learning disability, fetal alcohol syndrome or fetal alcohol effect or fetal alcohol spectrum disorder (FASD), lactose intolerance or trouble digesting milk, attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD), autism, arthritis or rheumatism, and asthma.

3. How the 2005 CCHS defined chronic health conditions: Respondents aged 12 or over were asked about long-term physical or mental health conditions which are expected to last or have already lasted 6 months or more and have been diagnosed by a health professional.

These included: food allergies, asthma, fibromyalgia, arthritis or rheumatism, back problems, excluding fibromyalgia and arthritis, high blood pressure, chronic bronchitis, emphysema, chronic obstructive pulmonary disease (COPD), diabetes, epilepsy, heart disease, cancer, intestinal or stomach ulcers, effects of a stroke, urinary incontinence, a bowel disorder such as Crohn's Disease, ulcerative colitis, Irritable Bowel Syndrome or bowel incontinence, Alzheimer's Disease or any other dementia, cataracts, glaucoma, a thyroid condition, chronic fatigue syndrome, multiple chemical sensitivities, schizophrenia, a mood disorder such as depression, bipolar disorder, mania or dysthymia, an anxiety disorder such as a phobia, obsessive compulsive disorder or a panic disorder, autism or any other developmental disorder, learning disability, Attention Deficit Disorder (ADD), Attention Deficit Hyperactivity Disorder (ADHD), dyslexia, an eating disorder such as anorexia or bulimia, and any other long-term physical or mental health condition.

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